

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	5	8/9/17	WINCHELL'S (AGANA)
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	2:00 PM	4:30 PM
Investigation			A	SANITARY PERMIT NO.	LOCATION (Address)
Other				170000895	LOT 8 BLK1 AGANA, GUAM
ESTABLISHMENT TYPE		AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
BAKERY		8	477-934	0	2
				No. of Repeat Risk Factor/Intervention Violations	
				0	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS	Item	Description	COS	R	PTS
<b>Supervision</b>									
1	IN				Person in charge present, demonstrates knowledge, and performs duties				6
<b>Employee Health</b>									
2	IN				Management awareness; policy present				6
3	IN				Proper use of reporting, restriction & exclusion				6
<b>Good Hygienic Practices</b>									
4	IN				Proper eating, tasting, drinking, betelnut, or tobacco use				6
5	IN				No discharge from eyes, nose, and mouth				6
<b>Preventing Contamination by Hands</b>									
6	IN				Hands clean and properly washed				6
7	IN				No bare hand contact with ready-to-eat foods or approved alternate method properly followed				6
8	IN				Adequate handwashing facilities supplied & accessible				6
<b>Approved Source</b>									
9	IN				Food obtained from approved source				6
10	IN				Food received at proper temperature				6
11	IN				Food in good condition, safe, and unadulterated				6
12	IN				Required records available: shellstock tags, parasite destruction				6
<b>Protection from Contamination</b>									
13	IN				Food separated and protected				6
14	IN				Food contact surfaces: cleaned & sanitized				6
15	IN				Proper disposition of returned, previously served, reconditioned, and unsafe food				6
<b>Potentially Hazardous Food (TCS Food)</b>									
16	IN				Proper cooking time and temperatures				6
17	IN				Proper reheating procedures for hot holding				6
18	IN				Proper cooling time and temperatures				6
19	IN				Proper hot holding temperatures				6
20	IN				Proper cold holding temperatures				6
21	IN				Proper date marking and disposition				6
<b>Consumer Advisory</b>									
22	IN				Consumer Advisory provided for raw or undercooked foods				6
<b>Highly Susceptible Populations</b>									
23	IN				Pasteurized foods used; prohibited foods not offered				6
<b>Chemical</b>									
24	IN				Food additives: approved and properly used				6
25	IN				Toxic substances properly identified, stored, used				6
<b>Conformance with Approved Procedures</b>									
26	IN				Compliance with variance, specialized process, and HACCP plan				6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS	Item	Description	COS	R	PTS
<b>Safe Food and Water</b>									
27					Pasteurized eggs used where required				1
28					Water and ice from approved source				2
29					Variance obtained for specialized processing methods				1
<b>Food Temperature Control</b>									
30					Proper cooling methods used; adequate equipment for temperature control				1
31					Plant food properly cooked for hot holding				1
32					Approved thawing methods used				1
33					Thermometer provided and accurate				1
<b>Food Identification</b>									
34					Food properly labeled; original container				1
<b>Prevention of Food Contamination</b>									
35					Insects, rodents, and animals not present				2
36					Contamination prevented during food preparation, storage & display				1
37					Personal cleanliness				1
38					Wiping cloths: properly used and stored				1
39					Washing fruits and vegetables				1
<b>Proper Use of Utensils</b>									
40					In-use utensils: properly stored				1
41					Utensils, equipment and linens: properly stored, dried, handled				1
42					Single-use/single-service articles: properly stored, used				1
43					Gloves used properly				1
<b>Utensils, Equipment and Vending</b>									
44					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				1
45	X				Warewashing facilities: installed, maintained, used; test strips				1
46	X				Nonfood-contact surfaces clean				1
<b>Physical Facilities</b>									
47					Hot & cold water available, adequate pressure				2
48	X				Plumbing installed; proper backflow devices				2
49					Sewage and wastewater properly disposed				2
50					Toilet facilities: properly constructed, supplied, & cleaned				2
51					Garbage/refuse properly disposed; facilities maintained				2
52	X				Physical facilities installed, maintained, and clean				1
53					Adequate ventilation and lighting; designated areas use				1
<b>Documents and Placards</b>									
54					Sanitary Permit, Health Certificates valid and posted				2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	ROSALINDA WILLIAM	Date:	8/9/17
DEH Inspector (Print and Sign)	J. GARCIA EPHOI / D. MITCHELL EPHOI	Follow-up (Circle one):	YES NO
		Follow-up Date	9/19/17

# Food Establishment Inspection Report

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ESTABLISHMENT NAME WINCHELL'S (AGANA)		LOCATION (Address) LOT 8 BLK 1 AGANA, GUAM
INSPECTION DATE 8 / 9 / 17	SANITARY PERMIT NO. 170000895	PERMIT HOLDER DENNY'S OF GUAM INC

[illegible]

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. (#17-074)

A REGULAR INSPECTION WAS BASED ON A COMPLAINT REGARDING FOUL ODORS & GENERAL UNCLEANLINESS DUE TO HOMELESS PEOPLE. THE CLAIM IS UNSUBSTANTIATED. NO EVIDENCE OF FOUL ODORS OR DIRTY AREAS OBSERVED DURING TIME OF INSPECTION. PREVIOUS ASSESSMENT CONDUCTED ON 6/8/16. NO GRADE/RATING ISSUED. THE FOLLOWING VIOLATIONS WERE OBSERVED.

45	NO TEST STRIPS PROVIDED FOR 3-COMPARTMENT SINK.	9/9/11
	TEST STRIPS SHALL BE PROVIDED TO ENSURE EFFICACY OF SANITIZING SOLUTION.	

46	NON-FOOD CONTACT SHELVING UNCLEAR. NON-FOOD CONTACT SURFACES SHALL BE KEPT CLEAN TO PREVENT CROSS-CONTAMINATION.	9/9/1
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48.	NO BACKFLOW PREVENTER PROVIDED FOR 3-COMPARTMENT SINK. A BACKFLOW PREVENTER SHALL BE PROVIDED TO PREVENT CROSS-CONTAMINATION, & THE BACK-UP OF SEWAGE.	9/9/
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Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)	Rosalinda William Miller	Date:	5/9/17
DEH Inspector (Print and Sign)	J. GARCIA EPHO / D. MITCHELL EPHO II	Date:	5/9/17

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